



FLORIDA DEPARTMENT OF JUVENILE JUSTICE ADULT SENTENCING SUMMARY FORM

DJJ ID#: _____ REFERRAL ID: _____ Secondary Referral: _____

SUMMARY DATE: _____	
SSN: _____	COURT DOCKET NUMBER: _____
JUVENILE'S NAME: _____	
DOB: _____	AGE: _____
PARENT(S)/GUARDIAN(S): _____	
ADDRESS: _____	
CITY/STATE/ZIP: _____	
TELEPHONE: _____	
JPO/CASE MANAGER: _____	UNIT NUMBER: _____
JPO/CASE MANAGER TELEPHONE: _____	

A. SUMMARY NARRATIVE:

SUPERVISION/PLACEMENT ADJUSTMENT:

OUTSTANDING RESTITUTION FOR JUVENILE CASES:

Court Docket Number	Restitution Balance

B. MULTI-DISCIPLINARY CONFERENCE HELD: Yes No Date: _____

C. RECOMMENDATION

1. SENTENCING: Adult Juvenile

JUSTIFICATION (NARRATIVE):

2. SANCTIONS/INTERVENTION/TREATMENT PLAN:

a. PUBLIC SAFETY

Probation with the Following General Conditions:

- Obey All Laws
- Report to Juvenile Probation Officer As Directed
- Attend School and/or Maintain Employment
- Other (Specify)

O Commitment to DJJ

R (Check Level Below)

- Minimum-risk Non-residential
- Low-risk Residential
- Moderate-risk Residential
- Non-Secure-risk Residential
- High-risk Residential
- Maximum-risk Residential

Program Available: Yes No

Approximate Date Available: _____

b. ACCOUNTABILITY:

Restitution: _____

Community Service: _____

Other (Specify): _____

c. COMPETENCY DEVELOPMENT NEEDS:

(Educational, Vocational, Mental Health, Substance Abuse, Developmental Disabilities, Medical, Etc.)

JPO/Case Manager Signature

Name

Date

Supervisor Signature

Name

Date

Program Administrator Signature

Name (Print or Type)

Date